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**CERTIFICATE OF FACSIMILE TRANSMISSION TO THE
UNITED STATES PATENT AND TRADEMARK OFFICE**

DATE: July 7, 2003

Examiner: Frankie Stinson
Art Unit: 1746
Fax: 703-872-9310
From: Thomas M. Fisher

: RE: U.S. Patent Application
: Serial No.: 09/411,496
: Applicant: Abi-Habib et al.
: Atty. Dkt. No.: 9D-HL-19210

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DOCUMENTS SUBMITTED WITH TRANSMISSION:

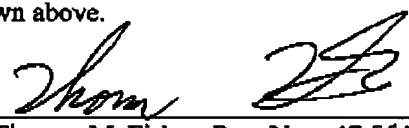
Facsimile Transmittal (1 pg.);
Amendment Transmittal (3 pgs.);
Response to Restriction Requirement (2 pgs.)

Total pages including cover page: 6
If all pages are not received, please contact: Mandy Robinson at Ext. 7447

RE: The above referenced U.S. Patent Application
Title: WASHING MACHINE BRAKE CAM ACTUATOR WITH INTERRUPTED RING
Filed: October 4, 1999

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that these papers are being facsimile transmitted to the U.S. Patent and Trademark Office,
Facsimile Number 703-872-9310 on the date shown above.


Thomas M. Fisher, Reg. No.: 47,564

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PATENT

Attorney Docket No.: 9D-HL-19210

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Abi-Habib et al.

Serial No.: 09/411,496

Filed: October 4, 1999

For: WASHING MACHINE
BRAKE CAM ACTUATOR
WITH INTERRUPTED RING

Group No.: 1746

Examiner: Stinson, Frankie L.

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450FAX RECEIVED
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TRANSMITTAL

- Transmitted herewith is:
Facsimile Transmittal (1 pg)
Amendment Transmittal (3 pgs)
Response to Restriction Requirement (2 pgs)

STATUS

- Applicant
☒ claims small entity status.
☒ is other than a small entity.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8a)

I hereby certify that this correspondence is, on the date shown below, being:

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Date:

7-7-03

Thomas M. Fisher
Reg No. 47,564

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT	(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	SMALL ENTITY ADDITIONAL RATE FEE	OR	OTHER THAN SMALL ENTITY ADDITIONAL RATE FEE
TOTAL	MINUS	=		x \$9 = \$		x \$18 = \$
INDEP.	MINUS	=		x \$42 = \$		x \$84 = \$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$140 = \$		+ \$280 = \$
				TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

(a) _____ No additional fee for Claims is required

OR

(b) _____ Total additional fee for claims required \$ _____

FEE PAYMENT

5. _____ Attached is a check in the sum of \$ _____
 _____ Charge Deposit Account No. 01-2384 the sum of \$ _____
 A duplicate of this transmittal is attached.


FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7. _____ Other:


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